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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>10/045391</i>	Filing Date				
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep							Total Indep					
Total Depend	<i>14</i>						Total Depend					
Total Claims	<i>15</i>						Total Claims					

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